

Apollo Home Healthcare Limited

Apollo Home Healthcare Limited - North Office

Inspection report

Unit 12 Stonecross House
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Apollo Home Healthcare Limited is a domiciliary care agency, providing personal and or nursing care to children and adults, in their own houses and flats. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The service was providing personal care to 26 people at the time of the inspection.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People and relatives told us staff were not always available to fulfil their care package. The service had recognised this, contingency plans were in place and recruitment was ongoing. However, this remained a concern at the time of our inspection. Risks people were exposed to were assessed and care records included relevant information to guide staff on how to deliver support to keep people safe. Staff were trained and knowledgeable about people's needs. Medicines were safely managed. People were supported to access community activities and staff had assisted some families to go on holiday.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

Staff were kind and promoted people's privacy and dignity. People and where appropriate their relatives were involved in reviews about their care. Staff promoted choice and care plans were personalised to each individual. Staff supported people using their preferred methods of communication. The service worked closely with external professionals, and this involvement was recorded in people's care plans, to ensure people had their needs met.

Right Culture

We received mixed feedback about the leadership and communication systems at the service. Some people told us they were not informed in a timely way about staff allocations. We have made a recommendation the provider reviews their systems around staff allocations. Staff told us they felt supported by the management team and staff morale was good. Quality assurance systems were in place and action plans were ongoing to drive improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for the service at the previous premises was good (published on 12 January 2019).

Why we inspected

This was a planned inspection based on the date the service was registered with CQC.

We have found evidence that the provider needs to make improvements. Please see the well-led sections of this full report.

Recommendations

We have made a recommendation the provider reviews their systems and processes around the management of staff allocations and how information is communicated to relevant people.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 3 July 2023 and ended on 10 July 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. We spoke to 2 people and 6 relatives, about their experience of the service. We spoke with 9 staff, including the registered manager, senior operations lead, head of clinical and quality a nurse and support staff. We reviewed 3 staff files and 4 care records and 4 records relating to medicines management. We reviewed a variety of records relating to the management of the service, including policies and procedures, audits and checks.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. Staff were trained, knowledgeable and understood their roles in relation to safeguarding.
- The provider had procedures in place to monitor any concerns and safeguarding was discussed at governance meetings.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks people were exposed to were assessed and managed. Risk assessments were in place for people and covered a range of essential areas connected to people's health. Care records contained relevant information to guide staff about how to provide support to keep people safe.
- Environmental risk assessments were completed. This included how staff should support people to evacuate their home in the event of a fire.
- Systems were in place to learn lessons when things went wrong. For example, an incident regarding a staff member failing to accurately report an event had been recorded, investigated and action was taken to address this.
- Accidents and incidents were monitored and recorded. The registered manager explored if action could be taken to mitigate risks to prevent future incidents occurring.

Using medicines safely

- Where people required support with medicines, this was safely managed. Accurate records were completed for medicine administration.
- Staff were trained and had their competency assessed prior to administering medicines and this was reviewed annually.
- Where people were prescribed as required medicines, detailed protocols were in place to guide staff about how and when to administer these. This ensured medicines were administered consistently.

Staffing and recruitment

- Systems in place for allocating staff were not always effective. Whilst the provider had contingency plans in place to ensure people were safe, some people and relatives told us they were not always provided with staff to fulfil their care packages. One person said, "My relatives cover the care shift when no one is available, this happens about once a month." A relative said, "It is a struggle to cover all shifts, if a nurse is not available, I have to do it (care tasks)." Whilst the provider had recognised this and implemented recruitment procedures, this was an ongoing concern. Please see the well led section of this report.
- Staff were recruited safely. Appropriate pre-employment checks such as checking references were

completed.

Preventing and controlling infection

- The provider had systems and policies in place to promote safe infection control.
- Staff were trained and understood their roles in relation to safe infection control practices. People and relatives told us staff wore personal protective equipment (PPE) as required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them using the service. Assessments were undertaken with people and where appropriate their relatives.
- People's support needs and preferences were explored and specific training was undertaken by staff, to ensure people's needs could be met. A staff member said, "I was given training to ensure I could care for [name]."
- People were offered opportunities to meet and get to know new staff, to find out if they got on well with them before they delivered support.
- People had 'All about me booklets' in place, which contained details relating to people's likes and dislikes, interests, and hobbies.

Staff support: induction, training, skills and experience

- Staff told us they felt supported in their roles. New staff received a thorough induction and staff participated in regular supervisions. One staff said, "I feel supported, I can go to the managers for advice or to raise concerns."
- Staff were trained and had their competency assessed in a variety of clinical skills. For example, competency assessments were in place to ensure staff were skilled to carry out tracheostomy care. A staff said, "I have been given outstanding training. I was shown how to do everything, how to provide person centred care and was able to shadow (other staff)."
- Mandatory training, required for services who support people who have a learning disability and/or autism was provided.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people required support to eat and drink, this was assessed and planned for.
- Some people using the service required support with specialist diets and enteral feeding regimes. Daily records evidenced this was undertaken as per the care plan. A relative said, "[Name] has a blended diet, when staff are here, they do it all."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies to ensure people received the care and support they need. This included dietitians, physiotherapists, and specialist nurses.
- Advice from health professionals was included in people's care plans. Staff contacted external services to meet people's needs where this was necessary.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff were trained and had a good understanding of the MCA. Consent was gained from people or their relatives, as appropriate.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People and relatives were positive about the care they received, they told us staff treat them with kindness and respect. Comments included, "Care is brilliant, we have built up trust and all work together", "Staff relate well to [name], they have built up a good relationship" and, "Care is good, the staff are brilliant."
- Staff knew people well as individuals and respected their preferences and choices. For example, staff knew how people liked to have their personal care carried out.
- Staff understood their roles in relation to providing personalised support. Staff said, "Dignity, respect, privacy and independence are very important and incorporated into everything we do, promoting individuality and freedom of choice allows people to be who they want to be."
- The service took part in fundraising events, to raise money for community projects.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to express their views and choices. Where appropriate, relatives were involved in wider decisions about people's care and support.
- Care plans contained person-centred information about how staff should provide support to empower people to express their views and wishes. Staff understood the most effective ways to communicate with people. A relative said, "The nurses are always so nice, they know my relative like the back of their hand and have really bonded with them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- Formal complaints were appropriately investigated and acted upon, to learn lessons from these.
- Concerns were logged and mostly responded to. However, we received mixed feedback from relatives about how the service responded to them when they raised concerns. A relative said, "I sent an email and did not get a reply." Whilst another said, "I can contact the office at any time, they are friendly."
- The provider had a complaints policy in place and people, relatives and staff were aware of how to make a complaint.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care, from staff who knew their needs and preferences. Care plans were individualised and contained detail about how people wished to be cared for, interests and support needs.
- Where possible, people and their relatives were encouraged and supported to participate in their care planning. Daily notes detailed support provided, choices offered and people's emotional needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had detailed care plans which outlined their specific communication needs. Staff described different methods of communication they used, to enable people to be involved and make choices. Staff told us how they assisted one person to practice their Makaton skills, using a popular TV programme.
- Staff understood people's communication methods well. A relative said, "Staff know my loved one's gestures."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to access the community, family day trips and holidays. The service provided a range of activities such as art and craft therapy and annual events. Staff also supported people to attend structured activities, such as schools.
- Most people using the service lived with family members. Staff understood the importance of maintaining good family relationships and supporting families to work together.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This is because some systems and processes were inconsistent and communication needed to be improved

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider did not always promote an empowering culture, that achieved good outcomes for people. We received mixed feedback about the leadership of the service. Whilst contingency plans were in place, to ensure people were safe when staff were unavailable, ongoing concerns around staff allocations meant people did not always receive staffing support for their allocated times.
- The provider recognised concerns about staffing, had contingency plans in place, and was attempting to recruit new staff. However, this was recognised as a concern during stakeholder feedback in February 2023 and remained a concern at the time of this inspection. A relative said, "They don't fulfil the care package." A staff member said, "I don't feel they should take on new packages, when staffing is an issue."
- Some relatives told us communication from the service was poor. One relative said, "Communication from the office is terrible, we are given a rota on a Friday, if we had this sooner, we could plan things." Another relative said, "They are rubbish at communication, they need to be more proactive in finding care staff."
- Whilst staff were supported through supervisions and appraisals, most staff told us they had not been provided with opportunities to attend regular staff meetings.

We have made a recommendation the provider reviews their systems and processes around staff allocations and how they communicate this to people and relatives.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff understood their roles and responsibilities.
- Staff told us they felt supported by the registered manager. One staff member told us, "The manager is good at listening, if I raise things, they resolve it." A second staff member said, "I can always call the office to speak to management, and if I have any concerns, I know that they will listen."
- Audit systems were in place to monitor the quality and safety of the service. This included audits of medicines and care records.
- Spot checks were in place to manage staff performance. This included carrying out observations of staff practice, such as infection control, how they communicated with people and their use of equipment. Staff initiatives were in place to celebrate good practice.
- Accidents and incidents were monitored and reviewed to mitigate risks to people. Any accidents and

incidents which were notifiable, were reported to external agencies as required.

Continuous learning and improving care. Working in partnership with others

- Staff worked in partnership with other services to meet people's needs. This included schools, local authorities, healthcare professionals and specialist services for people with learning disabilities and autistic people.
- People were provided with a service user guide, this included information for new people using the service about what to expect and the service's core values.
- The provider sought feedback from people, staff and relatives. Feedback was used to form an ongoing action plan, to drive improvements.